## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Clear Lake Courier 2. DATE 9-20-2011		2. DATE 9-20-2011
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS	HED ANNUALLY 3B. AND	NUAL SUBSCRIPTION
Weekly 52	PRICE	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
(Not printers) Clear Lake Courier, 416 3rd Ave S, PO Box 830, Clear Lake, SD 57226-0830		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Not printers) Clear Lake Courier, 416 3rd Ave S, PO Box 830, Clear Lake, SD 57226-0830		
6. FULL NAME OF PUBLISHER: Ken Reiste		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.  FULL NAME  COMPLETE MAILING ADDRESS		
Ken Reiste PO Box 830, Clear Lake, SD 57226-0830		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so		
state. If more space is needed, list on back of this form.		
None		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12	ACTUAL NO. COPIES ISSUED
	MONTHS	NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	1500	1500
B.PAID AND/OR REQUESTED CIRCULATION		
Sales through dealers and carriers, street vendors and counter sales.	412	411
2. Mail Subscription		
(Paid and or requested)	1044	1046
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	1456	1457
D.FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	18	16
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	6	5
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1480	1478
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	20	22
2. Return from News Agents	0	0
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1500	1500
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements made by me are true, correct, and complete:		
Den Sillie Publisher		
(Signature)	(Title)	
State of South Dakota )	Sworm to before me this 20 day of Supermy, 20 11	
County of Devel	Notary Public	
	My commission expires: 5 21-2016	
(Seal)		

Form: SOS REC 051 7/2004